ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: DEC 15, 2020 Case Number: 21-72

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Christine Moyer, DVM MS

Premise Name: Chaparral Veterinary Medical Center

Premise Address: 32100 N. Cave Creek Rd.

City: Cave Creek State: AZ Zip Code: 85331

Telephone: (480) 595-8600

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Mark Caldemeyer MD

Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Home Telephone: [redacted] Cell Telephone: [redacted]

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. PATIENT INFORMATION (1):

Name: Lightfoot / Cowboys N Stetsons

Breed/Species: Paint

Age: 3 yo Sex: Gelding Color: DUN / V

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Internist
Rachel Liepman, DVM, MS
Chaparral Veterinary Medical Center
32100 N. Cave Creek Rd.
Cave Creek, AZ 85331

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Roberto Estrado
[redacted]

[redacted]

John Moody
[redacted]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Mark Callaway DVM MS

Date: 12/7/2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

To whom it may concern,
Our horse, Lightfoot, a 3 year old Paint gelding began to experience symptoms of colic midday Thursday, 5/14/2020. We live in Prescott, AZ and our local veterinarian, Bryan Nolte came out to the barn to evaluate him. He felt we should trailer him to his clinic for further treatment that evening. After several hours, he called and said he felt the colic was getting worse and we should transfer him to a facility that could provide a surgical treatment. He recommended a facility in Gilbert or Chaparral. We decided to go to Chaparral since it was the closest. Our trainer, Roberto Estrada agreed to take him. We got there around 10 p. He was evaluated by Dr. Liepman, who thought he could be treated medically initially, but felt he had a high likelihood of progressing to need surgery. They stated he was the fourth or fifth horse to need surgery that evening, and eventually went to surgery around 5 am 5/15/2020. We were told surgery went well, that he had a 720 degree colonic volvulus, but should make a full recovery. We did find out later after his death, when speaking with the owner of the clinic regarding the timing and potential cause of his death, that she had been consulted during his surgery. That is never mentioned in the medical records, so we are not sure why that consultation occurred or the significance of that consultation.

His recovery seemed fairly uneventful. He did have low grade tempatures, the cause of which was not determined. Therefore, he was kept for an extra day than planned. My wife went to visit him the day before he was discharged, and felt he was not himself as he seemed nervous and wasn't interested in grazing, which was unusual for him. She noticed his urine was darker color and was thicker and therefore seemed concentrated. She expressed concern to the Vet assistant when she brought the horse back to the barn and asked if she could speak to the doctor. Dr. Liepman was unavailable at that time, taking care of another horse. Dr. Liepman called Tuesday morning 5/19/2020 and said his temperature was down and felt he could come home late that day. She did advise he had hives all over his body, and asked if that had ever happened. He was treated with Dexamethasone. She also said they had added a stall sedative medicine (Zylkene), and that they had to decrease the dose because he had been more sedated than they like the night before.

Per the recommendation of Dr. Liepman, we made the move to bring the horse home that evening. Roberto and I picked Lightfoot up around 6-6:30pm on 5/19/2020. Roberto, our trainer, again did the hauling. Lightfoot seemed fine to me, and all his "numbers" were OK according to Dr. Liepman, but Roberto later told me he thought Lightfoot wasn't acting quite right, seemed nervous, and was pawing before loading in the trailer. About 45 minutes after leaving Chaparral, Roberto noticed some blood on the side of the trailer when looking in the rear view mirror. We stopped and found Lightfoot dead in the trailer. There was a wound dehiscence with evisceration of bowel and omentum, but the startling thing / observation was the amount of blood. The entire floor and lower sides of the trailer were covered with blood, and the blood was beginning to congeal. (please see attached photo)

I am an anesthesiologist and have seen many wound dehiscence / evisceration situations. Typically, a wound dehiscence does not lead to massive bleeding unless it

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is the result of some major catastrophic vascular event. The ride was uneventful, neither Roberto nor I noticed any thrashing or movement of any kind in the trailer. I'm not that experienced with this, but Roberto has trailered thousands of horses. I know this is supposition, but the only thing that makes sense to me, as a physician, is that Lightfoot had some massive vascular event soon after loading into the trailer, became hypotensive from the blood loss, and went down or lay down softly without thrashing, eventually dehiscing the wound from the hemoperitoneum causing his death.

I called Chaparral immediately from the side of the road. Dr. Liepman with Dr. Moyer also on the call offered condolences. They said we could bring back any medicines for a refund. We did not know what to do with his body, so I called our local veterinarian Dr. Nolte who said we could bury him at the barn or take him to the landfill in the morning, which was not an option for us. Looking back, I don't understand why Chaparral did not ask us to bring him back to their facility for a necropsy to see what really caused his demise.

At the time, my wife and I were very upset, not thinking clearly. Lightfoot was our first horse, raised by us since a 6 month colt and Roberto as his trainer for his entire life. So we took him to the barn and the barn owner, John Moody, got out his backhoe and we buried him around 10 pm that night. I believe Mr. Moody will also be happy to attest that Lightfoot's body had a wound dehiscence / evisceration with massive bleeding in the trailer.

After discussing this with our friends and colleagues, many who are long standing horse owners, trainers, and a few veterinarians, no one has ever heard or much less seen something like this after a colic or any abdominal surgery. The owner of Chaparral, Dr. Andrea, called the next day after his death and spoke on speaker phonepwith my wife Karen, in my presence, and after offering condolences, said after an internal review, that all care was appropriate and this must have happened due to a hard fall in the trailer. When we disputed this, she became confrontational and accused my wife of only being concerned with the money.

I will note that before the end of that conversation, my wife told Dr. Andrea that we did not feel we should pay them for their services. Within a few days, she had their personal attorney Mr. Stoll [redacted] call and spoke to my wife. He offered $3,500 "for our loss". We found this strange and declined. We had asked for a complete record of our horse's care, and it was not forthcoming. We ultimately hired an attorney to attempt to resolve what we felt they owed, and only after repeated written requests were we provided with said record.

In summation, our horse Lightfoot died a very short time and certainly much less than 45 minutes after leaving Chaparral when we found him dead in the trailer since the blood in the trailer was already congealing. This was after a presumably successful colic surgery. He was an otherwise healthy horse who died of massive hemorrhage in a horse trailer. There was no thrashing or unusual movement in the trailer to indicate

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any type of hard, traumatic fall to cause such bleeding. In my best opinion, as a medical professional, this horse, 4 days post operative, likely had an undiagnosed vascular injury that broke open during trailer loading/ normal jumping up into the trailer leading to the massive hemorrhage minutes later.

Unfortunately, there is no necropsy to confirm this, but again we find it unusual that Chaparral did not ask to have Lightfoot brought back for such examination. For these reasons, we ask that you consider all these facts. We understand that what we present to you may not "be comprehensive", but we only have the information Chaparral provided, and they seem unwilling to take any responsibility or consider any fault.

At the risk of speculation, we feel like this tragic incident may have been the consequence of several factors each of which warrant an investigation by your Board. Again, supposition, but it seems the combination of an in-experienced and over worked junior veterinarian, and lax post-operative care were the primary contributing factors. The fact that legal counsel's demands were necessary to secure the supposedly complete veterinary treatment record and therein was an absence of at least one known consultation with a senior veterinarian in the practice during surgery begs the questions that they may be hiding something.

We write to you today in the interest of having a qualified and objective investigation into the protocols of Chaparral in this instance so that (1) this type of unfortunate situation is not bestowed upon other animal owners who place their trust in licensed veterinarians at Chaparral or other vet clinics, and (2) we can determine how best to proceed in responding to their payment demands.

Thank you,
Sincerely,
Mark Caldemeyer M.D.

Contacts:
Mark Caldemeyer MD Karen Caldemeyer MD

January 11, 2021

In re: Case 21-72

To Whom It May Concern,

I am writing in response to the case of Lightfoot, a 3y paint gelding treated for colic at my hospital, Chaparral Veterinary Medical Center. I performed surgery on Lightfoot early morning on May 15, 2020. I was on call that night for surgery and was in the hospital earlier that night to perform colic surgery on another horse. When I arrived to treat the other horse, I looked at Lightfoot who was standing quietly in his stall. He was bright and put his ears forward when I approached the stall, and did not need surgery at that time. Through the night, he became more painful again. As failure of medical therapy to resolve a horse's pain is one of the indications for exploratory celiotomy, it was determined that surgery was then necessary for Lightfoot. Surgery was performed when Lightfoot returned to pain and a large colon volvulus was corrected. The colon was healthy and was returned to the abdomen. Surgery was without complication. I spoke to Mark after the horse recovered from anesthesia and explained the findings. I did expect Lightfoot to make a full recovery as the colon health was good. He asked many questions about the diagnosis and ways to try to prevent colic in the future, and he seemed to understand everything well and was grateful.

When I was beginning surgery on the first horse earlier in the night, another surgeon, Dr. Andrea, was also present. She had been speaking to Dr. Liepman about other things that evening and knew that there was more than one horse being treated in the hospital that could potentially need surgery and she stopped by to offer help if it was needed. If surgery on more than one horse at a time, she offered to do one surgery while I did the other. After seeing that Lightfoot was stable and didn't need surgery, she left. Mr. Caldemeyer stated in his letter that he thought a senior clinician needed to be consulted during surgery, but that is not true. In addition, although I do not discuss other horse's treatment with owners, so he would not have known this, but Lightfoot was not the fourth or fifth horse to need surgery that night. Two horses needed and received surgical treatment that night, Lightfoot and one other. This is not an unusual occurrence at our hospital.

After surgery, the horse returned to the care of my colleague, a board-certified internal medicine specialist who is both highly competent and compassionate. Although I was not responsible for his day-to-day care during his hospitalization, I do have some knowledge of the rest of his case. In Mr. Caldemeyer's letter, he says that during one of his visits Lightfoot wasn't acting like himself and that he had some low-grade fevers. Because of his low-grade fever and leukopenia, Dr. Liepman submitted fecal testing for Salmonella. Salmonellosis is a common sequela to gastrointestinal disease in horses, as many horses are carriers of the bacteria and colic can cause upset of the normal gastrointestinal flora and overgrowth of Salmonella. After Lightfoot's death, the results of his testing were returned and he was positive for Salmonella. This explains Lightfoot's low-grade fever and leukopenia. Lightfoot did not have any significant complications from Salmonella and it was not related to the cause of his death. If Lightfoot were still alive at the time of diagnosis, no additional treatment would have been recommended for him as he was eating well, drinking well, and passing normal manure following the surgery.

At the time of discharge, I evaluated Lightfoot again and examined his incision. His incision was healing well, without complication, and was clean, free from any discharge, and non-painful. I met Mr. Caldemeyer when he picked up the horse. Again, he expressed that he was happy with Lightfoot's care and was grateful to us.

Mr. Caldemeyer called Dr. Liepman right after his horse died on the way home and she conference called me so we could speak to him together. We were all very surprised at this outcome and expressed our sincere condolences to him. This was a totally unexpected event and I can't imagine the grief after finding your horse this way. Mr. Caldemeyer was almost speechless and seemed in a state of shock. I thought about recommending that he bring the horse back for a post-mortem exam, but it was clear to me on the phone based on his description that the horse had eviscerated likely through his incision and Mr. Caldemeyer did not seem like he was in a frame of mind that it would be safe for him to turn around and make a longer journey back to the hospital instead of traveling the shorter distance home. Mr. Caldemeyer stated in his letter that he was not thinking clearly at that time, which supports that it was safest for him to return home. They also consulted their regular veterinarian Dr. Nolte at that time. If Dr. Nolte thought a necropsy was indicated, he would have recommended it at that time.

When a horse dehisces an abdominal incision, it is not like a human. Horses have large viscera that weigh a great deal and fall from a height. It is likely that when the large viscera fell from the incision, there was pull on the root of the mesentery that tore large blood vessels leading to the hemorrhage. In addition, as animals are quadrupeds, they can walk on their organs which puts undue tension on them and can cause vessels to tear. Also, horses with hemoabdomen do not eviscerate so it is very unlikely that Lightfoot first had a "vascular event," as Mr. Caldemeyer stated, that led to his evisceration. My colleagues, Drs. Andrea and Liepman, attempted to explain this to the Caldemeyers at subsequent phone calls but they were insistent on their theory and would not allow us to explain what happened so that they could understand better. Lightfoot did not have any hemorrhage during surgery and was monitored by Dr. Liepman closely in the post-operative period. If intra-abdominal hemorrhage were present during his post-operative period, it would have been easily identified with the routine monitoring that was performed.

I agree that this is a very rare outcome after an abdominal surgery. It is not a complication I have ever experienced and I did not anticipate. My best explanation for it occurring is that it is reported to me that this horse had a condition properly termed sleep deprivation, but commonly referred to as narcolepsy. Regardless of the name of the condition, he intermittently fell asleep while standing, causing him to buckle at the carpi and fall to the ground. When Lightfoot first presented to us, the owners reported that he was previously diagnosed with this condition He was also observed to fall to his knees during his hospitalization. My presumption is that this happened during his trailer ride home, and the combination of falling asleep, falling to his knees or falling down while traveling at highway speeds caused his incision to rupture and eviscerate. Again, the Caldmeyers would not accept this explanation because they think that the hauler would have noticed the horse falling to the floor during the trailer ride. However, when they found the horse he was on the floor of the trailer, so regardless of when it happened, the hauler did not feel it happen. This is not the fault of the hauler, but the hauler not feeling the horse fall does not mean that the horse didn't fall.

The Caldemeyers received a copy of their horse's medical records in a timely fashion and received multiple phone calls from their veterinarians both during and after their horse's hospitalization. I am

unsure to whom the Caldemeyers are referring when they say their horse was under the care of inexperienced, junior veterinarians. Both Dr. Liepman and I are board-certified in our specialties. Treatment of the acute abdomen with subsequent abdominal exploration is the most common surgery I perform and I am not inexperienced in this area. I do fully believe that their horse not only received adequate care during his treatment, but actually received care far surpassing the industry standard. I regret that the horse died after leaving our facility but I do not believe that his death was due to inappropriate care on the part of anyone at our hospital.

Sincerely,

DVM, DACVS-LA

Christine Moyer, DVM, MS, Dipl. ACVS-LA
Equine Surgery Specialist

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM - ***Absent***
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Beth Campbell, Assistant Attorney General

RE: Case: 21-72
Complainant(s): Mark Caldemeyer, MD
Respondent(s): Christine Moyer, DVM (License: 7151)

SUMMARY:
Complaint Received at Board Office: 12/15/20
Committee Discussion: 6/8/21
Board IIR: 7/21/21

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow).

On May 14, 2020, "Lighfoot," a 3-year-old Paint gelding was presented to Dr. Liepman on referral due to signs of colic that was unresponsive to treatment. The horse was hospitalized for supportive care and possible surgery if no improvement.

The next morning, Dr. Moyer performed surgery on the horse due to returning pain. Surgery was performed and the horse recovered uneventfully. The horse remained hospitalized for monitoring and supportive care for the next several days.

On May 19, 2020, the horse was discharged. Complainant and his trainer loaded up the horse in the trailer to travel back to Prescott. During the trip home, blood was noticed on the side of the trailer; Complainant pulled over, opened up the trailer and found the horse dead with wound dehiscence and evisceration of bowel and omentum.

Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared with counsel David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Mark Caldemeyer, MD*
- Respondent(s) narrative/medical record: *Christine Moyer, DVM*
- Consulting veterinarian(s) narrative/medical record: *Bryan Nolte, DVM – PAHEC*

PROPOSED 'FINDINGS of FACT':

1. On May 14, 2020, Dr. Nolte was contacted by the horse's trainer who reported the horse had symptoms of colic. Dr. Nolte visited the horse in the field and a 1500 pound dose of Banamine was administered to the horse with no improvement. The horse was eating and drinking but had not passed any stool.

2. Later that day, the horse was presented to Dr. Nolte due to no improvement. The horse had a temperature = 99.9 degrees, a heart rate = 40bpm, and a respiration rate = 16rpm; diminished borborygmi, slight gut sounds heard ventrally, decreased/quiet in all other quadrants. One fecal ball in the rectum and a moderate amount of gas was found on rectal exam. The horse was sedated with detomidine and xylazine IV; buscopan was administered IM; and a nasogastric tube was placed through the right nostril. There was a foul smell to the stomach, no reflux – electrolyte water and mineral oil was administered through the nasogastric tube; the nasogastric tube was removed. Complainant elected to hospitalize the horse after Dr. Nolte discussed their options.

3. The horse was hospitalized for IV fluid therapy and calcium gluconate. Approximately 20 liters of fluids were administered through the evening. The horse had progressive abdominal distention, decreased gut sounds and increased heart rate despite pain management. Dr. Nolte's follow up rectal suggested displaced dorsal colon – Complainant elected referral to Chaparral Veterinary Medical Center therefore Dr. Nolte called the premises to let them know the horse was on its way and the treatment he had provided; Dr. Nolte also advised the horse had narcoleptic tendencies.

4. The horse presented to Dr. Liepman on referral. The horse had a weight = 1060 pounds, a temperature = 102.1 degrees, a heart rate = 42bpm, and a respiration rate = 30rpm; BAR, slightly anxious from the trailer ride, and no signs of colic at presentation. Blood work was performed:

PCV	*38%*
Lactate	*3.4*
SSA	*3*
CBC	*Normal limits*
Chemistry	*Slight hypocalcemia (10.2)*

5. A nasogastric tube was placed; no net reflux, foul smelling sour feed and quite a bit of gas. Transrectal palpation revealed a very gas distended large colon in the pelvic inlet. Dr. Liepman was only able to get in wrist deep. Abdominocentesis – yellow; lactate – 4.0; protein – 1.2.

6. The horse was hospitalized for IV fluid therapy and lidocaine CRI. The horse was sedated and checked for reflux when he returned to pain. At that time the operating room was occupied by another patient. When the horse returned to pain, a repeat abdominocentesis and blood lactate was repeated and revealed the lactate values where returning to normal ranges. However, the horse returned to pain therefore surgical intervention was recommended and approved by Complainant.

7. According to Dr. Liepman, when the horse returned to pain, she contacted Dr. Andrea (a surgeon at the premises) since her associate, Dr. Moyer, was in surgery with another patient. Dr. Andrea offered to perform surgery on the horse if Dr. Moyer was still in surgery – however, after Dr. Andrea evaluated the horse, it was determined that he did not need surgery at that time and Dr. Andrea left.

8. On May 15, 2020, the horse again returned to pain, he was more fractious, and the blood lactate had risen again. A large gas distended colon was present and pushed caudally into the pelvic inlet. The horse was pawing and circling in the stall and appeared anxious – the horse was still bloated in the abdominal contour. Surgical explore for a suspected large colon lesion was elected.

9. Dr. Moyer examined the horse; temperature = 99.8 degrees, a heart rate = 40bpm, and a respiration rate = 20rpm. The horse was premedicated with xylazine, induced with ketamine and diazepam, intubated and maintained on isoflurane and oxygen throughout the surgery. Dr. Moyer found the cecum and large colon severely distended with gas and was decompressed with large bore needle suction. There was a 720 degree segmental volvulus of the pelvic flexure. The lesion was reduced, and a pelvic flexure enterotomy was performed. The remained of the abdomen was unremarkable – the abdomen was lavaged and closed in three layers using surgical glue to appose the skin. A stent bandage was placed prior to recovery from anesthesia which was uneventful.

10. After surgery, the horse remained on IV fluids, lidocaine, injectable antibiotics – gentamicin and procaine penicillin – and NSAID therapy. Dr. Liepman oversaw the horse's care and noted that he developed fevers post operatively which lasted until the early morning the following day (May 16, 2020). She kept in contact with Complainant to give updates Dr. Liepman reported that the horse had some post-op fevers and was groggy, but overall much more comfortable. The horse had also passed some loose manure which would be monitored. The horse would be offered some feed the next day if he was comfortable and doing well.

11. On May 16, 2020, the horse remained hospitalized on IV fluids (plasmalyte), NSAIDS, and antibiotics. Dr. Liepman advised Complainant that the horse was started back of feed and they would slowly introduce him to his hay over the next few days as he tolerates. They discussed colic prevention and feeding/management.

12. On May 17, 2020 (Sunday), the horse continued to do well; passing manure, hungry and happy. Dr. Liepman advised Complainant was slightly lymphopenic but otherwise the blood work looked good. They planned to stop the antibiotics and discharge the horse the following evening if he continued to do well. Dr. Liepman wanted to monitor the horses fluctuating temperature. Complainant came to the premises to visit with the horse; Dr. Liepman spoke with Complainant – he asked about long-term sedation and they discussed the possibilities including zylkene while in the hospital. Later that day, Dr. Liepman texted Complainant explaining that she would like the horse to stay another day beyond Monday due to a slightly elevated temperature (101.7). Complainant was happy with the plan.

13. On May 18, 2020, the horse continued hospitalization and was being administered flunixin injectable, as well as being given Assure Guard Gold. The horse had some minor abrasions on his knees from a narcoleptic episode. The injuries were cleaned with betadine and SSD was applied. Dr. Liepman called Complainant with an update – the horse had a temperature = 101.2 degrees, but was comfortable, bright and eating. She felt the horse could be discharged on Tuesday or Wednesday. They discussed feeding recommendations and Dr. Liepman advised that they had started zylkene. Complainant's wife visited the horse and took him for a walk. Dr. Liepman did not have an opportunity to speak with her. According to Complainant, his wife did not feel the horse was himself; he seemed nervous and was not interested in grazing.

14. Later, Complainant told Dr. Liepman that he planned on picking up the horse the following evening between 6 – 6:30pm if he remains stable. She recommended stall rest for the next 30 days. Technician reported that the horse had large patchy welts on his face, both sides of his neck, on his shoulders, and between his hind legs; his sheath was also swollen.

15. The next day (5/19/21), technical staff noted the horse still had hives over his body therefore he was not fed Assure Guard Gold due to it being the only change that was had. Dr. Liepman spoke with Complainant; she told him about the hives, which Complainant said the horse had not had in the past. They discussed possibilities of what caused the hives, types of feed to give the horse and zyklene administration.

16. That evening, Dr. Liepman and Dr. Moyer evaluated the horse and checked the incision, which was free from discharge and non-painful. Complainant and his trainer loaded up the horse sometime between 6 – 6:30pm. About 45 minutes after leaving the premises, the trainer noticed some blood on the side of the trailer when looking in the rear view mirror. They stopped and found the horse dead in the trailer – there was wound dehiscence with evisceration of bowel and omentum. Also there was blood that covered the entire floor and lower sides of the trailer which was beginning to congeal.

17. At 7:18pm (according to Dr. Lipeman), Complainant called to report what had transpired. Dr. Liepman and Dr. Moyer were both on the phone. Dr. Liepman stated that Complainant was audible shaken – she explained that she was shocked and extremely sorry that this had happened. Complainant also called Dr. Nolte who said the horse could be buried at the barn or he could be taken to the landfill. Complainant did not know why the veterinarians at Chaparral did not ask him to bring the horse back to their facility for a necropsy to determine a cause of death.

18. Complainant stated that the trailer ride was uneventful, neither he nor the trainer, noticed any thrashing or movement of any kind in the trailer. Complainant surmised that the horse had a cardiovascular event soon after being loaded in the trailer, became hypotensive from the blood loss, and went down, or lay down softly without thrashing, eventually dehiscing from the wound from the hemoperitoneum causing his death.

19. Dr. Moyer stated in her narrative that Complainant appeared to be in a state of shock. She thought about recommending he bring the horse back for a post-mortem exam, but it was

clear he was not in a frame of mind that would be safe for him to turn around and make a longer journey back instead of traveling a shorter distance home.

20. Dr. Moyer explained that when a horse dehisces an abdominal incision, it is not like a human. Horses have large viscera that weigh a great deal – it is likely that when the large viscera fell from the incision, there was a pull on the root of the mesentery that tore large blood vessels leading to the hemorrhage. Additionally, as animals are quadrupeds, they can walk on their organs which put undue tension of on them and can cause vessels to tear. Also, horses with hemoabdomen do not eviscerated so it is unlikely that the horse first had a vascular event that led to the evisceration. Dr. Moyer relayed that the horse did not have any hemorrhage during surgery and was monitored closely by Dr. Liepman in the post-op period. If intra-abdominal bleeding was present, it would have been easily identified with routine monitoring.

21. Dr. Moyer further stated that the horse was observed to fall to his knees during hospitalization. The horse had been previously diagnosed with narcolepsy causing him to intermittently fall asleep while standing, causing him to fall to buckle at the carpi and fall to the ground. Dr. Moyer's presumption was that this happened during the trailer ride home, and the combination of falling asleep, falling to his knees or falling down while traveling at highway speeds caused his incision to rupture and eviscerate. Complainant did not accept this explanation because they thought that he and the hauler would have noticed the horse falling to the floor during the trailer ride.

22. On May 20, 2020, Dr. Andrea spoke with Complainant and his wife about the death of the horse. Dr. Andrea relayed what she suspected happened to the horse based on the horse's history and her experience as an equine practitioner and surgeon. Complainant and his wife did not agree with her explanation and felt the horse had an undiagnosed vascular injury that broke open during trailer loading/normal jumping into the trailer leading to the massive hemorrhage minutes later.

23. A necropsy was not performed on the horse.

24. Dr. Liepman stated that Complainant made statements in his complaint that they had four or five colic surgeries the evening his horse was hospitalized. She explained that was not accurate, Complainant's horse was taken to surgery when it was necessary and was the second horse that needed surgical intervention for acute abdomen, which was not unusual for that premises.

25. Dr. Moyer reported that after the horse's death, test results revealed that the horse had Salmonella, which explained the horse's low-grade fever and leukopenia. The horse did not have any significant complications from the Salmonella and was not related to the cause of death. No additional treatment would have been recommended for the horse if he was alive, as he was eating well, drinking well, and passing normal manure following surgery.

26. Complainant stated that he had requested a copy of the horse's medical records multiple times and they were not provided. Ultimately, he had hired an attorney to attempt to resolve

what they felt they were owed, and only after repeated requests were the records provided. Dr. Andrea stated that the horse's medical records were provided in a timely fashion after the request from Complainant's lawyer.

COMMITTEE DISCUSSION:

The Committee discussed that this was an interesting case and is unlikely that what really happened will be known. However, based on the testimony and case file materials, the care the horse was provided was appropriate. Complainant believes that the horse had a vascular accident and bled internally – the Committee did not believe internal bleeding would cause the horse's abdominal incision to dehisce and internal organs to eviscerate. It appears, based on the pictures of the amount of blood, the blood splatter, and blood on the side walls of the trailer, the horse was thrashing after an acute event.

The horse did have narcolepsy and had an episode while hospitalized. If the horse fell suddenly in the trailer, the impact could have ruptured the incision, causing the evisceration which could cause the horse to panic and thrash. It is not clear why this would not be felt by the passengers hauling the trailer. The horse was not sedated therefore the fall was not a result of a sedative. There are many unknowns – the speed the trailer was traveling, if there was swaying of the trailer, or sudden braking.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division